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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS NOV 17 2011	
EXAMINER	

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section	
Division of Corporations	
	ess Solutions, LLC
(Name of Resu	ulting Florida Limited Company)
	les of Organization, and fees are submitted to convert an ed Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning the	ais matter to:
Spencer O. West ESB. (Reg. (Contact Person)	stead Agent)
Mitchell + West, LLC	
(Contact Person) Mitchell + West, UL (Firm/Company) 3191 Coral Way HSOH (Address)	
(Address) Cosa Gables Fl 33145 (City, State and Zip Code)	
(City, State and Zip Code)	
Swest @ Mitchlandwest. Com E-mail address: (to be used for future annual report not	
·	
For further information concerning this matter	
Dancer D. West Eld. (Registered a	t (305) 44 7-1333 (Area Code and Daytime Telephone Number)
J ,	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certif	icate o	ıΙ	
Conversion is:			
(Enter Name of Other Business Entity)	1		
_			
2: The "Other Business Entity" is a Corporation			
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
first organized, formed or incorporated under the laws of Florida (Enter state or if a non U.S. entire the name of the country)	_		
(Enter state, or if a non-U.S. entity, the name of the country)			
on [114] 2010 (Enter date "Other Business Entity" was first organized, formed or incorp	orate	d)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un which it is now organized, formed or incorporated:	der the	e laws	of
4. The name of the Florida Limited Liability Company as set forth in the attached Articles.	HASSES HAS HASSES HASSES HASSES HAS HASSES HAS HAS HAS HASSES HAS HAS HAS HAS HAS HAS HAS HAS HAS HA	<u>-</u>	
Genesis Business Solutions	FLOR	PH Js 5	Ö
(Enter Name of Florida Limited Liability Company)	D T	.989	
5. If not effective on the date of filing, enter the effective date (The effective date: 1) cannot be prior to nor more than 90 days after the date this filed by the Florida Department of State; AND 2) must be the same as the effective			

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

6. The conversion is permitted by the applicable law(s) governing the other business entity and the

attached Articles of Organization, if an effective date is listed therein.)

Signed this 8th day of November 20 1)				
Signature of Member or Authorized Ren	resentative of Limited Liability Company:			
	sted in this document are true. Any false information			
constitutes a third degree felony as provide				
Signature of Member or Authorized Repres	entative:			
Printed Name: DEST 17 RUOSA	Title: Executive office.			
	ntity: Individual(s) signing affirm(s) that the facts stated in			
	ion constitutes a third degree felony as provided for in			
s.817.155, F.S. [See below for required sign	nature(s).]			
A STATE OF THE PARTY OF THE PAR				
Signature:	Title: EXECUTIVE EX.COR			
Fillited Walte: 1763.C3 (C) 1846	TIME: SECTION TO THE SECTION OF THE			
Signature:	V			
Printed Name: Wilson Washington	Title: (FO			
3				
Signature:	Title:			
Printed Name:	Title:			
	A 3724.			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida Corporation:				
Signature of Chairman, Vice Chairman, Direc				
If Directors or Officers have not been selected	i, an incorporator must sign.			
TATIONAL COMMON TO A STATE OF YOUR A	T 1-1-216 Transfer 1-1			
If Florida General Partnership or Limited Liability Partnershin:				
Signature of one General Partner.				
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:			
All others:				
Signature of an authorized person.				
Fees:				
Certificate of Conversion:	\$25.00			
Fees for Florida Articles of Organization:	\$125.00			
Certified Copy:	\$30.00 (Optional)			
Certificate of Status:	\$5.00 (Optional)			
	Page 2 of 2			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Genesis Business Solution	ons, LLC			
(Must end with the words "Limited Liability Company, the abbrevi	iation "L.L.C.," or the designation "LLC.")			
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability (Compar	ny is:	
Principal Office Address:	Mailing Address:			
1550 Madruga Ave Suite 403	Sume		_ 	
Suite 403 Coral Gables Fl 33143				
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)				
The name and the Florida street address of the regi	istered agent are:			
Spencer O. W.	est FSO.			
3191 Coralway				
Florida street address (P	O. Box NOT acceptable)			
Coral Gables City, St				
Having been named as registered agent and to acce company at the place designated in this certificate, h agree to act in this capacity. I further agree to comp proper and complete performance of my duties, and position as registered agent as provided for in Chap	hereby accept the appointment as reply with the provisions of all statutes to I am familiar with and accept the object.	gisterec relating	d agen to the	t and
Registered Age	ent's Signature (REQUIRED)	SECF TALL/	1 2	ence(prof)
(C)	ONTINUED)	KETARY NHASSEI	1 NON 11	
Pa	ge 1 of 2	OF ST/ E, FLO	PH 4s	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manag "MGRM" = Man	
MGR RE	DebJit Rudra 1550 madruga AM Shite403 Comb Gables, #133143
moun	Wikon Weshington 20283 Reachwood Terroce #20/ AShburn, VA 20147
(Use attachment i	
ARTICLE V: Effective	e date, if other than the date of filing: (OPTIONAL)
the Florida Departmen	cannot be prior to nor more than 90 days after the date this document is filed by at of State; AND 2) must be the same as the effective date listed in the attached on, if an effective date listed therein.)
Signature	of a member or an authorized representative of a member.
the penalties of perju	section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under any that the facts stated herein are true. I am aware that any false information submitted in a partment of State constitutes a third degree felony as provided for in s.817.155, F.S.)
· . (DECITI RUPEA
	Typed or printed name of signee

Page 2 of 2